**SWANKE HAYDEN CONNELL ARCHITECTS**

# Expense Report

Pd 11/2 DMA

Employee Name: JOAN M. MEDIA
Client: OEM Silverstein Prop.
Employee No.: 4546
Reimburseable Job No.: 5576AR
Non-Reimburseable Job No.:
Trip Location: 7 WTC
Trip Dates (from/to): T 10/6, W 10/7, T 10/20, F 10/23, T 10/29TH
Purpose of Trip: MTGS

| Expenses | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Item Totals |
|---|---|---|---|---|---|---|---|---|
| Transportation (Charged to Firm) | | | | | | | | |
| Transportaion (Out of Pocket) | | 9.00 | 3.00 | 3.00 | 3.00 | | | 18.00 |
| Car Fare | | | | | | | | |
| Auto Mileage (@ .25 /mile) | | | | | | | | |
| Meals | | | | | | | | |
| Hotel | | | | | | | | |
| Entertainment | | | | | | | | |
| Other Expenses | | | | | | | | |
| Daily Totals | | 9.00 | 3.00 | 3.00 | 3.00 | | | Weekly Total 18.00 |

| Type of Entertainment | Place | Persons Entertained | Business Purpose | Date | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

| Other Expenses (itemized) | Date | Amount |
|---|---|---|
| | | |
| | | |
| | | |

Note:
One report per client, per week, and for non-reimburseable expenses.
Receipts must be attached for all expenses.

Accounting Use Only
Account: [redacted] Vendor Code: [redacted]

Weekly Total: 18.00
Less Advance: -
Balance Due Firm: -
Balance Due Employee: 18.00

Signature: [signature]
Date: 11/2/98
Approval: [signature]